Recipient Committee Campaign Statement Cover Page

SEE INSTRUCTIONS ON REVERSE

O Recall

(Also Complete Part 5)

Sponsored

3. Committee Information

STREET ADDRESS (NO P.O. BOX)

OPTIONAL: FAX / E-MAIL ADDRESS

☐ General Purpose Committee

Officeholder, Candidate Controlled Committee

O State Candidate Election Committee

Small Contributor Committee

O Political Party/Central Committee

STATE CA

STATE

ZIP CODE

Date Stamp RECEIVED JUL 30 2021

STATE

ZIP CODE

CALIFORNIA FORM	460
PORIVI	

COVER PAGE

Page_	1	of_	3	

(Month, Day, Year) For Official Use Only 1/1/2021 CITY OF LINCOLN 6/30/2021 Nov. 6, 2018 through 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: □ Preelection Statement Primarily Formed Ballot Measure ☐ Quarterly Statement Committee Semi-annual Statement Special Odd-Year Report O Controlled ☐ Termination Statement O Sponsored (Also file a Form 410 Termination) (Also Complete Part 6) ☐ Amendment (Explain below) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7) I.D. NUMBER Treasurer(s) 1408071 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Holly Andreatta Holly Woods Andreatta for Lincoln City Council 2018 MAILING ADDRESS ZIP CODE CITY STATE AREA CODE/PHONE Lincoln CA 95648 ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY 95648 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

Date of election if applicable:

4. Verification

Lincoln

CITY

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

CITY

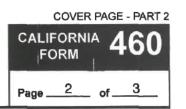
Executed on	7/30/2021	Ву	
Executed on	7/30/2021	BySignature of Controlling Offic	r of Sponsor
Executed on	Date	BySignature of Controlling Officeholder, Candidate, State Measure Proponent	
Executed on	Date	BySignature of Controlling Officeholder, Candidate, State Measure Proponent	

AREA CODE/PHONE

Statement covers period

AREA CODE/PHONE

Recipient Committee Campaign Statement Cover Page — Part 2



Officeholder or Candidate Controlled Committee	6. Primarily Formed Ballot Measure Committee
NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF BALLOT MEASURE
Holly Woods Andreatta OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER JURISDICTION SUPPORT
Lincoln City Council RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP	Identify the controlling officeholder, candidate, or state measure proponent, if any.
Lincoln, CA 95648 Related Committees Not Included in this Statement: List any committees	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT
not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY
NAME OF TREASURER I.D. NUMBER CONTROLLED COMMITTEE?	7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE
CITY STATE ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE
COMMITTEE NAME I.D. NUMBER	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE
NAME OF TREASURER CONTROLLED COMMITTEE? YES NO COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE
CITY STATE ZIP CODE AREA CODE/PHONE	Attach continuation sheets if necessary

Clear Cover Pg2

Print Form

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

		SUMMARY PAGE
Statement covers period 1/1/2021		CALIFORNIA 460
through _	6/30/2021	Page3 of3
		I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1408071 **Calendar Year Summary for Candidates** Column A Column B Contributions Received CALENDAR YEAR TOTAL THIS PERIOD Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 1. Monetary Contributions Schedule A, Line 3 \$ 1/1 through 6/30 7/1 to Date Loans Received. Schedule B. Line 3 20. Contributions SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures Made TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 \$ _____ **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made...... Schedule E, Line 4 \$ ______ 0 \$ _____ Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills) Schedule F. Line 3 Date of Election Total to Date (mm/dd/yy) 10. Nonmonetary Adjustment...... Schedule C, Line 3 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ _____ To calculate Column B, add amounts in Column A to the corresponding *Amounts in this section may be different from amounts amounts from Column B reported in Column B. of your last report. Some 15. Cash Payments Column A, Line 8 above amounts in Column A may be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year. only carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any). 550.00 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above \$

Clear Summ Pg

Print Form

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov